

Below are several recent e-news items that may be of interest.

Please be sure to note that in some cases the information presented may be the opinion of the original author. We need to be sure to view it in the context of our own organizations and environment. In some cases you may need legal opinions and/or decision documentation when interpreting the rules.

Many thanks to all who contributed to this information!!!
Have a great day!!!
Ken

Items included below are:

- [hipaalive] RE: ENCRYPTION: Crackdown
- health plan must pay *all* fees from contracted clearinghouse.???..
- mapping of UB92 and 1500 to 837
- gap analysis info HCFA 1500 and UB92
- WEDI SNIP Privacy Guidance Webcast Sept 26
- David Hellerstein's HIPAA article in Sept.'s Health Management Technology
- HIPAA GIVES
- Securely HIPAA: Fall Audioconference Series
- HIPAA Implementation Newsletter -- Issue #18 - September 21, 2001 - see attached

***** [hipaalive] RE: ENCRYPTION: Crackdown *****
"Senator calls for encryption crackdown"
American Senator Judd Gregg led the Congressional call for a global ban on virtually unbreakable encryption products. The FBI believes encryption was used in coordinating last Tuesday's terrorist attacks on New York City and Washington, D.C., reports said. Gregg proposes that the U.S. government obtain from developers decryption tools to be used in times of national security.
SOURCE: ZDNet
<http://www.zdnet.com/zdnn/stories/news/0,4586,2812463,00.html?chkpt=zdnnp1tp02>

***** health plan must pay *all* fees from the contracted clearinghouse ???

*** This is HIPAAlive! From Phoenix Health Systems ***
Let me add something as 5.5 in your list:

5.5. The health plan must pay *all* fees from the contracted clearinghouse, including any clearinghouse fees incurred by the provider, unless the health plan also provides an alternative free route for the provider to send standard transactions to the health plan.

Of course, the same is true in reverse. If the provider "designates" a clearinghouse, the provider must pay all fees, including payer fees for the payers using the provider's designated clearinghouse.

Currently clearinghouses derive revenues from both ends, and this can

continue under HIPAA as long as the clearinghouse is performing services for both ends. But if the clearinghouse is performing services for only one of the trading partners... the other trading partner could claim that he/she is being penalized if he/she has to pay any fees to send HIPAA transactions to the covered entity through its designated clearinghouse.

Get the fire extinguisher ready for the flames.

Kepa Zubeldia

*** This is HIPAAlive! From Phoenix Health Systems ***

No flame. Just a note that HIPAA does not treat all CEs equally. Health plans are prohibited from adversely affecting standard transactions, and must swallow the clearinghouse fees if they elect to do standard transactions through a clearinghouse. But I don't see any equivalent restriction on covered providers. [Section 162.925 applies only to health plans] So the issue of whether a payor reimburses any clearinghouse fees when a provider elects to use a clearinghouse is a matter for negotiation. My guess is that few providers will win that argument.

Bill MacBain
MacBain & MacBain, LLC

*** This is HIPAAlive! From Phoenix Health Systems ***

Rachel-

HHS has posted the following on its FAQ site:

If a clearinghouse performs a transaction on behalf of two parties to the same transaction, how must it communicate with each party, and at what point must the transaction be in the standard?

For example, a provider contracts with a clearinghouse to send transactions to a health plan on its behalf. Health Plan A contacts with that same clearinghouse to receive transmissions from provider on the health plan's behalf. The clearinghouse receives a claim from the provider in non-standard format for submission to Health Plan A. The clearinghouse's agreement with Health Plan A requires the clearinghouse to send claims to Health Plan A in another non-standard format. Must the clearinghouse translate the provider's non-standard transmission to standard format before converting it to the non-standard format required by Health Plan A?

8/27/2000:

Section 162.923(a) requires a covered entity to conduct electronic transactions with other covered entities as standard transactions, and section 162.923(c) allows a covered entity to use a business associate to conduct these transactions. Section 162.923(c)(1) requires that where a covered entity uses a business associate to conduct all or part of a

transaction on its behalf, the covered entity must, as relevant here, require the business associate to comply with the applicable requirements of the transactions rule. Also, under section 162.930, a health care clearinghouse may, when acting as a business associate for another covered entity, translate a standard transaction into a non-standard transaction or vice versa. Since a clearinghouse is also a covered entity, this latter provision operates as an exception to the requirement of section 162.923(a) that covered entities conduct transactions for which standards have been adopted as standard transactions.

The provider in the above scenario is using the clearinghouse as a business associate for the purpose of sending an electronic claim. The communication between the provider and the clearinghouse need not be a standard transaction. However, the covered provider must, under section 162.923(c)(1) require the clearinghouse to send the transaction as a standard transaction. Also, the clearinghouse must produce the transaction as a standard transaction for forwarding to Health Plan A, or it does not come within the exception provided for by section 162.930(b) and is consequently in violation of section 162.923(a).

In the above scenario, Health Plan A is also using the same clearinghouse as a business associate for the purpose of receiving a standard electronic claim. Health Plan A may contract with the clearinghouse to translate, on Health Plan A's behalf, a standard transaction to Health Plan A's non-standard format and, under section 162.930(a), the clearinghouse may do this on the health plan's behalf. The communication from the clearinghouse to Health Plan A need not be done as a standard transaction, because the communication comes within the exception provided for by section 162.930(a). Thus, the clearinghouse may translate the standard transaction into a non-standard transaction and forward it to Health Plan A.

The inescapable result of this logic is that a clearinghouse must use a standard transaction as an intermediate stage (even if only for a microsecond) when it serves both a health care provider and a health plan conducting a transaction using non-standard formats.

***** mapping of UB92 and 1500 to 837 *****

*** This is HIPAAlive! From Phoenix Health Systems ***

A.F.E.H.C.T. Aspire Project mapped UB92 and 1500 to 837. Contact me at rcone@wakemed.org and I will provide the internet address.

J. Randall Cone

***** gap analysis info HCFA 1500 and UB92 *****

You can find some great gap analysis information for the HCFA 1500 and the UB92 paper forms as they compare to the HIPAA 837 formats from AFEHCT's ASPIRE Project. Check out their website @ www.afehct.org - you'll find a link to the ASPIRE Project information on the home page.

Michael Whitlock
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**** David Hellerstein's HIPAA article in Sept.'s Health Management Technology *****
>>> "Hellerstein, David" <DHellerstein@healthcare.corr.ca.gov> 09/14/01 12:25PM >>>
You may be interested in an article I published on HIPAA in the September issue of
Health Management Technology, concerning the impact of Secretary
Thompson's recent HIPAA "guidance."

Dave

<<HIPAA Watch for September 2001.doc>>
>
***** WEDI SNIP Privacy Guidance Webcast Sept 26 *****
>>> <KristinBecker1@aol.com> 09/18/01 11:15AM >>>
Don't forget to register for WEDI SNIP's September 26 webcast, Implementing
HIPAA Privacy: What's New in the HHS Privacy Guidance.

This webcast features the HIPAA privacy guidance published by DHHS on July 6,
2001. Join us for an insightful overview of the privacy guidance, presented
by Linda Sanches of the Office of Civil Rights.

Hear from leading experts from the WEDI SNIP Security and Privacy Workgroup
regarding how the guidance impacts HIPAA implementation. This compelling
presentation will answer key questions, including: What did/did not change?
What issues still exist? What questions remain unanswered? How did the
guidance simplify implementation?

Visit <http://snip.wedi.org>, or
<http://snip.wedi.org/public/articles/details.cfm?id=218> to register today.
The 90 minute webcast will be held at 1:00 EDT on September 26. The cost is
\$125 per login.

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***** HIPAA GIVES *****
*** This is HIPAAlive! From Phoenix Health Systems ***

RE: [hipaalive] RE:Steering Committee<http://www.hipaagives.org/>

About HIPAA GIVES

Government Information Value Exchange for States (GIVES) is a collaborative state government health care focus group resulting in the sharing of information through a clearinghouse highway and providing a forum for discussing and resolving issues in meeting the Health Insurance Portability and Accountability Act (HIPAA) legislation.

GIVES has been established to meet the immediate need to exchange information, identify common government challenges and share solutions in order to attain HIPAA compliance in the timeframe required. By providing a government-focused network, our goal is to minimize duplicate effort (more in our Mission Statement)

***** Securely HIPAA: Fall Audioconference Series

ANNOUNCING --

>>> Securely HIPAA: Fall Audioconference Series <<<

September 26 - Understanding & Managing Security Assessments
October 17 - Security Implementation for the Non-Technical Manager

SIGN UP TODAY!! Go to <http://www.hipaadvisory.com/ezcart/indexcfm?0917t>

From: Phoenix Health Systems, publishers of HIPAAAlert & HIPAAAdvisory.com,
"the HIPAA hub of the Web" (Modern Healthcare)

If you're part of a HIPAA compliance team tackling your organization's security risks and vulnerabilities, don't miss this authoritative new audio series!

Join us for two intensive 75-minute audio presentations by HIPAA security experts Eric Maiwald, CISSP, Chief Technology Officer for Fortrex Technologies, and Tom Grove, Director, Phoenix Health Systems, senior member of its HIPAA Solutions Team.

WHAT WE WILL COVER:

SESSION 1 -- Securely HIPAA: Understanding & Managing Security Assessments

>> The HIPAA Security Rule
Goals of the Rule
Required Controls and Safeguards
Myth Busting: What the Rule DOESN'T Require

- >> Building your HIPAA Security Team
 - Team Goals and Responsibilities
 - Who Should be on the Team -- and Why
- >> The HIPAA Security Assessment:
 - Gap Analysis: What Is It, and What's Involved
 - Risk Assessment - Threats, Vulnerability and Risk
 - Risk Mitigation & Recommendations in the HIPAA Environment
- >> Making HIPAA-Based Risk Decisions

SESSION 2 -- Security Compliance Issues for the Non-Technical Manager

- >> Administrative Components of Security Policy & Procedures
- >> Technical Aspects of HIPAA Security Compliance
 - Evaluating and Adopting Technology in a HIPAA Context
 - Understanding Common Technologies
 - Technologic Response to the Internet
 - Security ASP's

FACULTY:

Eric Maiwald, CISSP, CTO of Security provider Fortrex Technologies, Inc. oversees Fortrex' security research and training activities. He is the lead instructor for Fortrex Security Training, author of a new book "Network Security: A Beginners Guide," editor of the SANS Windows Security Digest, and a frequent speaker at security conferences. Eric formerly held senior security roles with Booz, Allen & Hamilton, Citicorp, and the National Association of Securities Dealers (NASD).

Tom Grove, Director, Phoenix Health Systems, has extensive experience managing HIPAA security and privacy projects for healthcare provider organizations. Formerly, Tom held senior consultant roles with CBSI and Superior Consulting, managing a variety of HIPAA initiatives. Tom has published numerous papers on HIPAA compliance, has testified on HIPAA issues at NCVHS hearings, and is a frequent speaker at industry conferences.

WHO WILL BENEFIT?

For healthcare leaders and professionals involved in HIPAA Security compliance, including COO's, CIO's, Compliance and Security Officers, HIPAA team members, Medical Directors, Department Heads, MIS Staff.

WHEN?

Session 1: Wednesday, September 26, 2:00-3:15 p.m. Eastern

Session 2: Wednesday, October 17, 2:00-3:15 p.m. Eastern
(That's 1 PM Central, 12 PM Mountain, 11 AM Pacific)

PRICING:

\$150 for each live Securely HIPAA AudioConference, including complete program materials. Follow-up online Q/A Forum for registrants only. Feel free to have your associates join you to listen in on the call.

First session NEXT WEEK - SIGN UP TODAY!!
GO TO <http://www.hipaadvisory.com/ezcart/index.cfm?0917t>

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